

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Pregnancy Trauma**

**Overview:** Trauma in the pregnant patient holds the same priorities in assessing and managing that patient: adequate airway, ventilatory and circulatory support with spinal precautions, hemorrhage control. However, anatomical and physiological changes associated with pregnancy can alter the patient's response to injury, requiring modifications in these strategies. Fetal survival is contingent on the mother's status; therefore, the EMT must focus on the mother's management.

**INFORMATION NEEDED**

- Patient complaint.
- Mechanism of Injury
- Gestational age, single or multi fetus
- Age of mother
- Number of pregnancies

**OBJECTIVE FINDINGS**

- Presence/ absence of Fetal Heart Tones, if possible
- Fetal movement as reported by the mother

**TREATMENT**

- Prepare for rapid transport
- Routine Trauma Care.
- Increase Oxygen to 100% by non-rebreather mask or assist with BVM.
- Goal is to keep the mother's SBP > 100. Be aware mother may appear stable but fetus may be in jeopardy.
- Check externally for uterine contractions, vaginal bleeding, and/or leaking amniotic fluid. Assess for fetal movements.
- Raise right side of backboard 20-30° to place patient on left side.
- Notify Medical Control EARLY of situation
- Consider ALS intercept/ transport

**TRAUMATIC ARREST IN PREGNANT PATIENT**

- Initial Trauma Care. Treat all life-threatening injuries as in non-pregnant patient.
- CPR while manually displacing uterus to left side.
- Notify hospital EARLY in an effort to mobilize appropriate hospital personnel.
- Fetus may survive if aggressive trauma care is utilized
- ALS intercept/ transport

**Documentation of adherence to protocol:**

- Oxygen administered at 100%
- Fluids administered to sustain SBP > 100
- Other care administered
- Transported on left side
- ALS intercept request

**Medical Control Contact Criteria**

- Contact Medical control if assistance is needed
- Notify Medical Control EARLY of situation

**PRECAUTIONS AND COMMENTS**

- Most common cause of fetal death is maternal death.
- Fetus may be in jeopardy while mother's vital signs remain stable.
- All pregnant patients > 20 weeks should be transported on left side.

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Paramedic**

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**INFORMATION NEEDED**

- Patient complaint.
- Mechanism of Injury
- Gestational age, single or multi fetus
- Age of mother
- Number of pregnancies

**OBJECTIVE FINDINGS**

- Presence/ absence of Fetal Heart Tones, if possible
- Fetal movement as reported by the mother

**TREATMENT**

- Prepare for rapid transport
- Routine Trauma Care.
- Increase Oxygen to 100% by non-rebreather mask or assist with BVM.
- Consider early initiation of IV fluids based on mechanism of injury and patient condition to keep mother's SBP > 100. Be aware mother may appear stable but fetus may be in jeopardy.
- Check externally for uterine contractions, vaginal bleeding, and/or leaking amniotic fluid. Assess for fetal movements.
- Raise right side of backboard 20-30° to place patient on left side.
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